Exhibit 12

FOR FISCAL USE ONLY

ND:		_	SCHOOL												
PT/DIV:		_	FOR PERIOD FR	OM:							TO				
COUNT:		_		THIS CLAIM MUS	ST BE PREPAR	ED IN ACCORD	ANCE WITH T	RAVEL POLICI	ES		_				
										TYPE OR PRI	EPARE IN INK				
	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION				SUBSISTE				OTHER EXPENSES		
DATE					MILES	MILEAGE AMOUNT	AIRLINE/ OTHER	TAXI OR LIMO	LODGING	BREAK- FAST	LUNCH	DINNER	ITEMIZED, ATT. RECEIPTS AND EX EXPENSE		TOTAL
				_											
														ļļ	
														<u> </u>	
					<u> </u>										
					<u> </u>										
	YPE OR PRINT COMPLETE HOME ADDRES	SS:		TOTALS											
i:			ADDITIONAL EXPL.	ANATION:						LESS TEM	P. TRAVEL	GROSS T ADVANCE			
							-	I CERTIFY THA							
RESS							-	CLAIM IS TRU	E AND CORREC	T.		AMT. DUI	E CLAIMANT		
							_					AMT. DU	JE SCHOOL		
							-	SIGNATURE							
							_								
			·				=	SCHOOL						DATE	
							-								
ODIAL CO	CHOOL OFFICE DUNING TO THE	I E TRIBLICA	TE CLAIMANT					APPROVED						DATE	
inal - SC	CHOOL OFFICE DUPLICATE- FI	LE TRIPLICA	TE-CLAIMANT												
								APPROVED						DATE	

CLAIM FOR TRAVEL EXPENSES